DRAINAGE PERI-ANAL ABSCESS

BRIEF DESCRIPTION

A peri-anal abscess is an infection next to the anus. Pus builds up under the skin causing swelling and pain. It can sometimes start to drain pus or blood-stained fluid and there is sometimes a connection with the inside of the back passage.

During the procedure the pus is let out through a cut in the skin next to the anus. The surgeon will try to determine if there is a fistula or tunnel connecting the inside of the anus with the abscess cavity. The wound is then washed out and usually it is left open without any sutures. The surgeon may decide to leave a plug made of gauze or sponge in the wound to be removed later. Sometimes antibiotics are given to help the healing.

WHY IS THIS OPERATION NECESSARY?

An abscess near the anus can become a very serious problem if the infection spreads to surrounding tissues or progress to sepsis. If a tunnel is present connecting the inside of the anus to the abscess it will prevent healing and become chronic in about 80% of cases.

ARE THERE ALTERNATIVE TREATMENTS AVAILABLE?

Antibiotics may relieve the symptoms and may prevent pus forming especially if it is started early on when the symptoms first appear, but by the time an abscess is formed it has to be drained. Even if the abscess starts to drain by itself it is usually advisable to drain it adequately with a surgical procedure.

IS IT SAFE TO HAVE THIS OPERATION?

Before you agree to the operation, you should consider the risks that may be involved. Your surgery will be performed by a team of highly qualified and skilled professionals who will take all steps necessary to ensure a safe procedure and a successful result. However there are risks involved with all surgery even if these risks may be small.

WHAT ARE THE GENERAL RISKS INVOLVED?

There are risks for developing complications which are general and which may occur with any surgical procedure. These complications include the risk of infection, bleeding, pain, wound breakdown, deep vein thrombosis, or complications affecting the heart, lungs or kidneys.

WHAT ARE THE SPECIFIC RISKS INVOLVED?

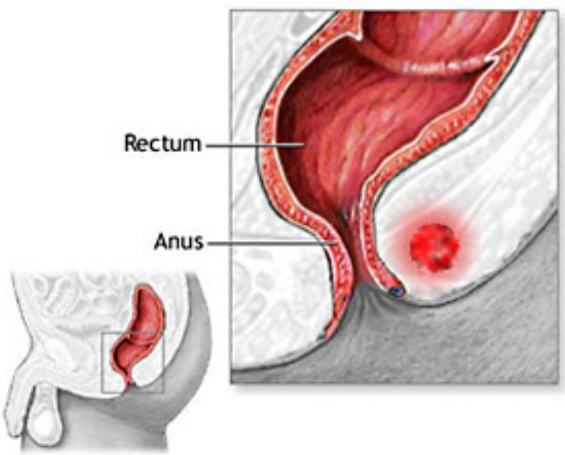
There is a chance of damage to the circular anal muscle. During the operation it may be necessary to excise necrotic or infected tissue leaving a large wound. Later complications may occur such as an anal stricture or narrowing of the anus opening.
The chance of another abscess forming later on is also recognised.

WHAT ARE THE ANAESTHETIC RISKS INVOLVED?

You can discuss the type of anaesthetic you will have with your anaesthetist and also the possible complications that may occur.

WHAT SHOULD I DO BEFORE THE OPERATION?

You should not eat or drink anything for at least six hours before your operation. However, you should take all your regular medication as usual on the day.
Your surgeon may want you to stop certain medication such as disprin, warfarin, or other blood thinning medicines before the operation.



These notes give an overall guide to your procedure. You may see some differences in the details of your treatment, since it is tailored to suit your own condition.

WHAT HAPPENS BEFORE THE OPERATION?

Please report to the hospital reception on time for your admission. Please bring along all the documents that may be required such as your medical aid card, ID and contact details. If you are not a member of a medical aid you will be required to pay a deposit or to sign an indemnity form. As far as possible we will try to advise you about hospital costs before your admission. It may be best to complete some of the documentation beforehand at the hospital pre-admission clinic to save time on the day of your admission.

When you arrive in the ward, you will be welcomed by the nurses or the receptionist and will have your details checked. Some basic tests will be done such as pulse, temperature, blood pressure and urine examination. You will be asked to hand in any medicines or drugs you may be taking, so that your drug treatment in hospital will be correct. Please tell the nurses of any allergies to drugs or dressings. The surgeon will have explained the operation and you will be asked to sign your consent for the operation. If you are not clear about any part of the operation, ask for more details from the surgeon or from the nurses.

In an adult the operation area may need to be shaved to remove excess hair. You may be issued with compression stockings that will help prevent blood lots in your legs.

If you are having a general anaesthetic, the anaesthetist who will be giving your anaesthetic will interview and examine you and he may put up a drip or prescribe some medication to help you relax.

You will be taken on a trolley to the operating suite by the staff. You will be wearing a cotton gown, wedding rings will be fastened with tape and removable dentures will be left on the ward. There will be several checks on your details on the way to the operating theatre where your anaesthetic will begin.

HOW LONG DOES THE OPERATION TAKE?

Usually about 20 minutes

WHAT HAPPENS WHEN I WAKE UP?

After the operation is completed you will be transferred back to the ward. Although you will be conscious a minute or two after the operation ends, you are unlikely to remember anything until you are back in your bed on the ward. There will be a gauze dressing over the wound and this should be changed by the next day You could go to the toilet normally after the operation.

WILL I HAVE PAIN?

Some pain may be present, but this should be controlled to a level of mild discomfort with the painkillers that are prescribed. Ask the nursing staff for medication if you have pain.

HOW SOON AFTER THE OPERATION CAN I EAT?

You can eat normally as soon as you wake up.

HOW SOON AFTER THE OPERATION CAN I GET OUT OF BED?

You should be able to walk without too much discomfort as soon as you wake up and will be encouraged to mobilize as much as possible.

HOW LONG WILL I STAY IN THE HOSPITAL?

Usually you can go home on the same day. Some patients prefer to stay overnight, especially if the operation is scheduled in the afternoon. If the abscess is very big, you may need to stay for another day or two.

WHAT HAPPENS WHEN I AM DISCHARGED FROM THE WARD?

Your surgeon will determine when you are ready to go home. You will be given some medication for pain and sometimes the surgeon will also prescribe antibiotics to take for five days after the operation. You will be given instructions on the dressings and how to care for the wound. You will also get an appointment for your follow-up in the surgeon's rooms. You should ask for a sick certificate if you need this for your employer.

WHAT SHOULD I BE AWARE OF WHEN I GET HOME?

The wound is likely to cause pain and discomfort especially when sitting down. There will be an ooze of a small amount of blood-stained fluid so you should have a clean dressing to cover the wound. Once the dressings are removed you could wear a pad to prevent staining your clothes. You could bath or shower as normal. The final healing can take up to two weeks.

HOW SOON CAN I START EXERCISE?

You can perform routine activities as soon as you get home. Mild exercise like walking or climbing stairs would be possible but you may find sitting down for long periods or activities like cycling can be painful for two weeks.

HOW SOON CAN I DRIVE A CAR?

You can drive as soon as you can drive safely without discomfort in the wound, usually after a week.

HOW LONG WILL I BE OFF WORK?

Usually two weeks